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Target Audience:
FOD Inspectors

HEALTH SERVICES PRIORITY PROGRAMME 2004/05: CARE HOMES AND SMALL INDEPENDENT HOSPITALS INSPECTION METHODOLOGY

This SIM provides advice and background information to assist inspectors with visits to care homes and small independent hospitals in support of the Health Services Priority Programme 2004/05.

INTRODUCTION

1. This SIM provides guidance to inspectors on the Health Services Priority Programme (HSPP) for the inspection of care homes and small independent hospitals (including private clinics and hospices) in 2004/05. It should be read in conjunction with [SIM 07/2004/23](#): Health Services Inspection Plan 2004/05.

STATEMENT OF THE PROBLEM

2. Work-related violence and manual handling are two of the most common causes for accidents and ill health in care homes and independent hospitals. Manual handling is still found to be a major risk and source of non-compliance in care homes.
3. Each year, over 5000 manual handling injuries to healthcare employees, are reported to HSE: around half of these are due to lifting patients.
4. Nurses, care assistants and assistant nurses account for 50% of all reportable injuries, primarily resulting from manual handling, violence and aggression and slips and trips. Care assistants and assistant nurses have nearly double the rate of major injuries compared with nurses.
5. Work-related violence can have serious consequences for employers and employees. It may have damaging physical and psychological effects and victims can suffer from serious injury, anxiety and stress. The cost to employers can also be high, for example, through low staff morale and high staff turnover.

PROGRAMME OBJECTIVE

6. The primary objective of the programme is to ensure adequate control of manual handling and violence related issues during inspection of management systems in small independent hospitals and care homes.
7. Inspectors should also address other priority risks from the HSPP, e.g. slips and trips,

stress and asthmagens, where appropriate. i.e. cold disinfection agents and latex. On these issues, inspectors should follow the guidance in the RHS Inspection Packs and Sector Information Minutes: SIM07/2004/07: Management of Stress in Healthcare; [SIM 07/2003/14](#): Endoscope Disinfection: Alternatives to Glutaraldehyde; [SIM 07/2003/24](#): Natural Rubber Latex Sensitisation in Healthcare

8. Patient safety issues are particularly important at care homes. The application and enforcement of patient safety issues and the role of the Care Standards Inspection Bodies was the subject of a Memorandum of Understanding (MoU) in England between HSE, Local Authority (LAs) and the National Care Standards Commission (NCSC). The NCSC has since been replaced, in April 2004, by the Commission for Care Standards Inspection (CSCI) which regulates care homes, and the Healthcare Commission (previously referred to as the Commission for Healthcare Audit and Inspection) which regulates independent healthcare and the National Health Service (NHS).
9. The Sector is seeking to address patient safety issues and regulatory responsibilities with both Commissions. However, in reality, there will not be any operational changes for another 6 – 9 months, and therefore the principles of liaison in the MoU (para 8) above remain valid.
10. Guidance on the major patient safety risks are contained in SIMs: [SIM 07/2001/37](#): Burning Risks From Hot Surfaces in Health & Social Care; [SIM 07/2001/38](#): Scalding Risks from Hot Water in Health & Social Care; and [SIM 07/2001/39](#): Falls from Windows in Health & Social Care.

OPERATIONAL INPUT

11. Inspectors should where possible, seek to develop a joint programme of visits to care homes and small independent hospitals with both CSCI and Healthcare Commission, and concentrate on risk management systems for patient handling and violence.
12. Inspections should be undertaken only at those premises where the main activity is nursing care (as opposed to residential care). While it is difficult to determine the main activity now all establishments are classed as 'care homes', local knowledge and value judgements will inform the decision making process.
13. Divisions should therefore identify suitable premises for inspection based on local knowledge and recent incidents reported. Divisions may wish to target those with elderly mentally infirm (EMI) units, and / or those which report higher than expected numbers of manual handling or violence injuries. CSCI and/or Healthcare Commission may also be able to help identify suitable candidates.
14. Divisions are asked to visit 170 care homes/Independent hospitals in England (1 day and 4 days respectively):
 - South West: 14
 - ESE: 48
 - London: 20
 - Midlands: 35
 - Y & NE: 29
 - NW: 24

INSPECTION FOR MANUAL HANDLING

15. Generic guidance on the inspection of **manual handling** is set out in the RHS Inspection Pack for Musculoskeletal Disorders.
16. For **patient handling**, inspectors should follow a balanced approach to ensure that care workers are not required to perform tasks that put them and service users at undue risk and that service user's (patient's) mobility needs are respected where possible. Service users may also have knowledge which could inform the overall assessment in the personal care plan.
17. Inspectors should assess compliance with:
 1. HSW Act ss.2 and 3, Management (Health, Safety and Welfare) Regulations 1999 (Management Regulations) reg.5: a manual handling policy, and other arrangements have been drawn up, which are relevant, up to date and clearly understood by employees;
 2. Manual Handling Operations Regulations 1992 (MHOR) reg.3, Management Regulations reg.5: risk assessments for patient moving operations have been carried out by a competent person with the involvement of staff or their representatives. All staff, likely to be engaged in patient moving, should be aware of the findings of these assessments and be able to explain the implications for practical tasks;
 3. Management Regulations reg.7: the employer has access to competent advice, eg a back care advisor or manual handling coordinator. The latter can advise on everything to do with patient handling matters including, risk assessment, ergonomic design of tasks, training needs, suitability of lifting/moving aids. They should complement the input of any occupational health service who can assess fitness of individuals for work, contribute to investigation of incidents, help with staff training and advise on the rehabilitation of staff who sustain injury;
 4. MHOR reg.4, Lifting Operations and Lifting Equipment Regulations 1998 (LOLER), Provision and Use of Work Equipment Regulations 1998 (PUWER): moving and handling aids are provided, are suitable for the task, properly maintained, and where appropriate, have undergone a thorough examination and test.
 5. Management Regulations reg.3 and 10, HSW Act ss.2 and 3: the lifting/moving needs of individual patients/residents have been assessed and the results recorded. Staff have easy access to the information, and able to demonstrate that any particular equipment necessary, eg special slings, is readily available;
 6. MHOR reg.4, Management Regulations reg.13: no staff should undertake manual handling operations, or use lifting aids, until they have been trained and assessed as competent. Particular care should be taken by employers who engage bank and agency staff, to ensure that training is given in the policies and procedures for that care home or independent health care establishment.
 7. HSW Act s.3: arrangements should be in place to ensure that trained staff

are available, particularly during the quiet hours to deal with service user needs. This is particularly pertinent in care homes where ambulance crews may be called to carry out non-emergency back-to-bed lifting of fallen, but uninjured patients. [SIM 07/2003/18](#): Inspection of the Ambulance Service gives further guidance and illustrates one type of inflatable device, suitable for such tasks.

18. Enforcement guidance is contained in [SIM 7/2004/08](#): Manual Handling In Healthcare.

INSPECTION FOR VIOLENCE

19. For **violence**, During the inspections inspectors are asked to assess compliance with:

1. Management Regulations reg.3: an assessment of the risk from violence should have been carried out by a competent person with the involvement of staff or their representatives. All staff, likely to be exposed to violence during the course of their work, should be aware of the findings of the assessments; and,
2. HSW Act s.2 and 3, Management Regulations regs.5 and 13: a policy on controlling the risks from violence, and other arrangements should have been drawn up, which are relevant, up to date and clearly understood by employees.

20. Elements that need to have been addressed are:

1. the workplace - physical aspects of the premises;
2. working patterns and practices;
3. staffing levels and competencies;
4. staff training;
5. security; and
6. response strategies.

21. Enforcement guidance on violence is contained in [SIM 07/2004/09](#): Health Service Industry Programme 2004/5: Violence & Aggression in Healthcare: Violence In Healthcare. Further advice has also been issued in [SIM 07/2003/10](#): General Guidance on the Management of Violence & Aggression in Healthcare.

FOCUS REPORTING ARRANGEMENTS

22. The arrangements for reporting on inspections of care homes and small independent hospitals should follow standard arrangements. As there are no scoring matrices and associated risk control indicators for violence and patient safety issues, inspectors should ensure that comments on the efficacy of their management are particularly covered in the text field. **One form IRF1 should be completed for each care home/independent hospital.**
23. Inspectors should also ensure the correct SIC codes are allocated to these incumbents, following the guidance in [SIM 07/2003/17](#): Recording Health Service Incumbents on FOCUS. For independent hospitals (including private clinics and hospices) SIC 851120, and for care homes SIC 851130 should be used.
24. In addition, inspectors should ensure that the keyword '**Care Home**' is entered in the

incumbent pen picture following a visit to a care home, to allow the Sector to undertake knowledge collection at a later date.

25. Health Services Unit (HSU) also wish to receive a copy of the report or letter to the employer if it contains significant advice, which may be of interest to the Sector. These can be sent either hard copy or electronically to Robert Hampton at Luton.

COMPETENCIES/TRAINING NEEDS

26. Inspectors are not expected to try out any handling techniques or equipment.
27. Inspectors should be familiar with the following guidance:

Manual handling

- *Manual Handling Operations Regulations 1992: Guidance on the Regulations;*
- Health Services Advisory Committee: *Manual handling in the health services;*
- HSE *Handling Home Care - Achieving safe, efficient and positive outcomes for care workers and clients;*
- HSE leaflet *Getting to Grips with Manual Handling;*
- HSE leaflet INDG333 *Back in Work: managing back pain in the workplace.*

Violence

- Health Services Advisory Committee *Violence and Aggression to Staff in Health Services: Guidance on Assessment and Management'*
- HSE Leaflet *Violence at Work: A Guide for Employers.*
- HSE Lone Worker Guidance – Case study examples

Other guidance and sources of information

- Royal College of Nursing *Changing Practice - Improving Health: An integrated back injury programme for nursing and care homes;*
- RCN/NBPA: *Guide to the manual handling of patients;*
- HSG 220: *Health and Safety in Care Homes.*

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